## ISDH 2003 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

## St. Francis Hospital – Beech Grove

City: Beech Grove County: Marion Year: 2003

Provider Type: General Acute

I. Inpatient Care					
Hospital Service Description				Average Charge Per Discharge	
Burn Care	0	0	0	\$0	
Cardiac Intensive	18	592	4,397	\$7,057	
ICU Med/Surg	15	238	4,677	\$20,608	
ICU Neonatal	31	278	3,750	\$27,081	
ICU Pediatric	0	0	0	\$0	
Medical/Surgical	288	11,934	74,285	\$4,421	
Neonatal Intermed	0	0	0	\$0	
Obstetrics	35	2,639	7,142	\$6,180	
Pediatric	20	4,721	1,497	\$336	

Psychiatric	0	0	0	\$0
Rehabilitation	18	586	3,541	\$5,875
Substance Abuse	0	0	0	\$0
Swing Beds	NA	0	0	\$0
Other Services	0	0	0	NA
Acute Subtotal	425	20,988	99,289	NA
Normal Newborn	40	2,397	9,873	\$1,389

II. Outpatient Visits					
Circulatory System	27,431	Digestive System	9,992		
Endocrine System	29,883	Injuries and Poison	24,361		
Mental Disorder	8,044	Musculoskeletal	27,771		
Neoplasms	12,090	Nervous	9,643		
Respiratory	17,961	Urinary	17,961		
Other/Unknown	153,226	Total Visits	338,363		
Number of Visits to Emerg	49,034				
Percent of Emergency Department Visits of Total Visits			14.5%		

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## **Identification of Hospital Services**

Each hospital has identified if it has one or more of a standard list of 41 services. This list of services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment.

Y - Acute Renal Dialysis	N - Alcohol/Drug Service	Y - Anesthesia Services
Y - Blood Bank	N - Burn Care Unit	N - Chiropractric Service
Y - Coronary Care Unit	Y - Dental Services	Y - Dietetic Services
Y - Emergency Service	Y - Home Care Program	Y - Hospice
Y - Inpatient Surgical Services	Y - Intensive Care Unit	Y - Laboratory(Clinical)
Y - Laboratory(Anatomical)	Y - Long Term Care Unit	Y - Neonatal Nursery
Y - Nuclear Medicine Services	Y - Obstetrics Services	
Y - Occupational Therapy	Y - Open Heart Surgery	Y - Operating Room
N - Optometric Service	N - Organ Bank	Y - Organ Transplant
Y - Outpatient Service	Y - Outpatient Surgery Unit	Y - Pediatric Services
Y - Pharmacy	Y - Physical Therapy	Y - Postoperative Recovery
Y - Psychiatric Services	Y - Radiology(Diagnostic)	Y - Radiology(Therapeutic)
Y - Rehabilitation Services	Y - Respiratory Services	N - Self Care Unit
Y - Shock Trauma	Y - Social Services	Y - Speech Pathology

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported

**Health Care Regulatory Services** 

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